

State of New Jersey
Division of Workers' Compensation
Office of Special Compensation Funds

DECISION OF ELIGIBILITY

- Second Injury Fund Application -
SCF-6 (R 08-03)

01. Petitioner Social Security Number:

03. Petitioner Name:

03. Age:

04. Petitioner Address:

05. DAG Appearing for Second Injury Fund:

06. Petitioner Attorney FEIN:

07. Petitioner Attorney:

08. Petitioner Attorney Address:

09. Appearing for Petitioner:

10. Fund Application Filed (date):

11 Claim Petition Number:

12: Consolidated with:

13. Vicinage:

14. Date of Hearing:

15. Judge of Compensation

Upon the proofs presented and the stiuplations made, I find and determine the following facts:

LAST COMPENSABLE ACCIDENT OR EXPOSURE

16. Claim Petition Number:

17. Date of Accident/Exposure:

18. Weekly Gross Wages:

19. Employer Name:

20. Employer Address:

21. Temporary Disability Award:

22. Permanent Disability Asward:

23. Date of Totality:

24. Date of Last Payment of Compensation:

25. Description of Injury and Disability:

PRE-EXISTING COMPENSABLE DISABILITIES

1.	a. Date of Injury:	b. Claim Petition Number:
	c. Employer Name and Address:	
	d. Temporary Disability Award:	
	e. Permanent Disability Award:	
	f. Description of Injury and Disability:	
	g. Hearing Date:	h. Hearing Office:
2.	a. Date of Injury:	b. Claim Petition Number:
	c. Employer Name and Address:	
	d. Temporary Disability Award:	
	e. Permanent Disability Award:	
	f. Description of Injury and Disability:	
	g. Hearing Date:	h. Hearing Office:
3.	a. Date of Injury:	b. Claim Petition Number:
	c. Employer Name and Address:	
	d. Temporary Disability Award:	
	e. Permanent Disability Award:	
	f. Description of Injury and Disability:	
	g. Hearing Date:	h. Hearing Office:

(Provide like data on additional sheets as required.)

PETITIONER PERSONAL DATA

1. Date of Birth:	2. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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3. Date of Last Employment:	4. Occupation:	5. Wages:
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6. Employer Name and Address:

7. Education (check one): <input type="checkbox"/> Some Grade/Junior High School <input type="checkbox"/> Completed Junior High School <input type="checkbox"/> Some High School <input type="checkbox"/> Completed High School <input type="checkbox"/> Some College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree	8. Special Occupational Skills:
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9. Rehabilitation Potential:

10. Social Security Benefit Status:
Benefits Commenced: / / Current Monthly Rate: \$ Reverse Offset? <input type="checkbox"/> Yes <input type="checkbox"/> No
(If reverse offset taken under <u>N.J.S.A. 34:15-95.5</u> , attach completed Form SCF-16) (The Second Injury Fund reserves the right to offsets as prescribed at <u>N.J.S.A. 34:15-95.5</u> where Social Security is payable to Petitioner. Petitioner shall promptly notify the Fund when such benefits are awarded.)

11. Third Party Action:
If third party liability action is pending, provide the name and address of the attorney representing this petitioner if different than the workers' compensation attorney.
_____ _____ _____
(Respondent and Second Injury Fund reserve their rights under <u>N.J.S.A. 34:15-40.</u>)

12. Remarks:

DECISION

In accordance with the provisions of the New Jersey Workers' Compensation Law (N.J.S.A. 34:15- 1 et seq.), I find as follows:

1. Petitioner is totally and permanently disabled.
2. The total and permanent disability is not due solely to the petitioner's last compensable accident or occupational disease, but is due to the combined effects of the petitioner's previous disabilities and the last compensable accident or occupational disease and is clearly within the provisions of the above cited statute.
3. Accordingly, it is determined that the petitioner receive benefits from the Second Injury Fund as follows:
 - a. _____ weeks, being the difference between 450 weeks and the _____ weeks of permanent disability compensation previously received.
 - b. Awarded base weekly rate is \$ _____.
 - c. Payable weekly base rate is \$ _____. (If third party or other credits are involved, please explain below.)
 - d. Payment to begin upon the expiration of payment of compensation from the last compensation award, but, in any event, not sooner than the date of filing of the petition for benefits from the Second Injury Fund.

Commencement date for Fund benefits is: _____

 - e. Upon the expiration of the 450-week period, benefits to continue in accordance with the provisions of N.J.S.A. 34:15-12(b) as amended.

Judge of Compensation

Date

Explanation of #3.c., above, if required: